

MAIL TO: CITY OF CANAL FULTON
INCOME TAX DEPARTMENT
155 E. MARKET ST., SUITE C
CANAL FULTON, OH 44614
330-854-9448

2015 Canal Fulton Income Tax Return
Due Date: April 15, 2016 or the IRS Due Date

Tax Office Use Only
PROCESSED BY _____
CASH ☐ CHECK ☐ CHARGE ☐ M.O. ☐
\$ _____

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

IF YOU MOVED DURING THE YEAR,
COMPLETE THIS BLOCK

Date moved into Canal Fulton _____
Date moved out of Canal Fulton _____
Present Address _____
City, State, Zip _____

Your SS# _____
Spouse SS# _____
FEDERAL ID NUMBER _____
Phone _____

ATTACH W-2 FORMS AND FEDERAL SCHEDULES

If exempt, complete Declaration Of Exemption Form (yellow copy)

Use W-2 box 5 or box 18 whichever is higher					
A. PRINT EMPLOYER'S NAME	B. Actual Work Location City/Township	C. Taxable Earnings	D. Canal Fulton Tax Withheld	E. Other City Tax Withheld	F. Credit for Taxes Paid to another City See Instructions
TOTALS:		1C. \$	1D. \$		1F. \$

2. OTHER TAXABLE INCOME Copy of Federal Schedules Required \$ _____
3. TOTAL INCOME (TOTAL LINE 1C & 2) \$ _____
4. ADJUSTMENTS: A. Business Expense (Disallowed if Federal 1040, Sched A & 2106 NOT ATTACHED) See Instructions \$ _____
B. Less Income Earned While Non-Resident (Income Earned in Canal Fulton Cannot Be Prorated) \$ _____
5. TOTAL TAXABLE INCOME \$ _____
6. TAX DUE (Line 5 multiplied by tax rate) 1.5% \$ _____
7. CREDITS:
- A. CITY OF CANAL FULTON TAX WITHHELD (LINE 1D) \$ _____
- B. ESTIMATE PAYMENTS MADE (As of _____) \$ _____
- C. CREDIT LIMIT FOR OTHER CITY TAX PAID (LINE 1F) \$ _____
- D. TOTAL CREDITS (ADD 7 a, b, c) \$ _____
8. BALANCE OF TAX DUE. IF OVERPAYMENT, ENTER ON LINE 11 \$ _____
9. PENALTY _____ + INTEREST _____ + \$25.00 LATE FILING PENALTY = TOTAL \$ _____
10. BALANCE (LINE 8 PLUS LINE 9). (PAY IN FULL WITH THIS RETURN) \$ _____
- NO TAXES OR REFUNDS OF LESS THAN \$3.00 SHALL BE COLLECTED OR REFUNDED
11. OVERPAYMENT TO BE ☐ REFUNDED OR ☐ CREDITED TO NEXT YEAR \$ _____

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return

(Signature of firm or person, other than taxpayer, preparing return)

Date

Signature of Taxpayer

Date

I/We authorize the Canal Fulton Income Tax Dept. to discuss this tax return with
my/our tax preparer (above) _____ and _____ (INITIAL)

Signature of Spouse (if joint return)

Date

REQUIRED DECLARATION OF ESTIMATED TAX FOR YEAR 2016

1. Annual Estimated income \$ _____ Multiply by tax rate of 1.5% = Annual Estimated Tax \$ _____
2. CREDITS
- a. Canal Fulton Tax to be withheld \$ _____
- b. 50% Credit of the 1.5% tax \$ _____
- c. Total (Line 2a and 2b) \$ _____
3. Total estimated Canal Fulton tax due \$ _____
(line 1 less line 2c)
- If Estimated tax is \$200.00 or less, STOP - No Declaration required
4. Overpayment credit from previous year (Line 11 above) \$ _____
5. Net tax due (line 3 less line 4) \$ _____
6. First Quarter payment (at least 1/4 of line 5) \$ _____

• Payment to be made with this return (Line 10 of Annual Return above plus Line 6 of Estimate)

MAKE CHECKS PAYABLE TO: CITY OF CANAL FULTON

SCHEDULE C - ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES) \$
FOR SCHEDULE C, FORMS 1120 AND 1065

SCHEDULE G - INCOME FROM RENTS (ATTACH STATEMENT EXPLAINING COLUMNS 3, 4 AND 5) ATTACH FED. SCH E

1. KIND & ADDRESS OF PROPERTY	2. RENT AMOUNT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (LOSS)
NET INCOME (OR LOSS) SCHEDULE G					\$

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES ABOVE FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, TRUSTS, FEES, ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H		\$

ADD TOTALS OF SCHEDULES C, G, & H. ENTER HERE \$
LOSS CARRIED FORWARD 5 YEARS (DO NOT INCLUDE LOSSES WHEN NETTING SCHEDULES)

For Non C-Corporation, prior to completing Schedule X, ORC 718.01 requires the following: If a taxpayer is not a C Corporation and is not an individual, the taxpayer shall compute adjusted federal taxable income as if the taxpayer were a C Corporation.

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. CAPITAL LOSSES (excluding ordinary losses)	\$	W. CAPITAL GAINS (excluding ordinary gains).....	\$
B. TAXES BASED ON INCOME.....	X. INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME
C. 5% OF AMOUNT DEDUCTED AS INTANGIBLE INCOME.....	Y. OTHER (including IRC section 179 expense and Charitable Contributions, if not included in Federal Taxable Income calculations)
D. GUARANTEED PAYMENTS TO PARTNERS.....	Z. TOTAL DEDUCTIONS	\$
E. AMOUNTS FOR QUALIFIED SELF-EMPLOYED RETIREMENT, HEALTH & LIFE INSURANCE PLANS FOR OWNERS OF NON-C CORPORATION ENTITIES, OR SELF-EMPLOYMENT TAX.....		
F. OTHER (including all amounts allowed as a deduction in the computation of federal taxable income for real estate investment trusts and regulated investment companies)		
G. TOTAL ADDITIONS	\$		

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.%
STEP 2. WAGES, SALARIES, AND OTHER COMPENSATION PAID%
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)%
4. TOTAL PERCENTAGES		%
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).		%
6. MULTIPLY LINE (Z) BY AVERAGE % FROM STEP 5 ABOVE. ENTER THIS AMOUNT HERE AND ON LINE 2 PAGE 1		

SCHEDULE 2106 BUSINESS EXPENSE WORKSHEET

1. 2106 BUSINESS EXPENSE (ATTACH FEDERAL SCHEDULE 2106).....	\$
2. 2% OF THE ADJUSTED GROSS INCOME FROM SCHEDULE A (ATTACH COPY OF FEDERAL SCHEDULE A)	\$
3. 2106 EXPENSE (SUBTRACT LINE 2 FROM LINE 1) (ENTER ON LINE 4a, Page 1)	\$